4/29/10 POC accepted B. Cavanagh HFSRT

PRINTED: 04/13/2010
FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2343SNF	A. BUILDING _____ B. WING _____	03/30/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND MANOR-MESQUITE	272 PIONEER BLVD MESQUITE, NV 89027

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 03/30/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00024815 was substantiated with deficiencies cited. (See Tags Z 401 and Z 473). A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000	Preparation and/or execution of these Documents and Plan(s) of Corrections does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. These Documents and Plan(s) of Correction are prepared and/or executed solely because it is required by the provisions of federal and state laws. Let this Plan of Correction serve as this facilities credible allegation of compliance. **Tag Z401** **Plan of Correction** **What corrective action will be accomplished for those found to have been affected?** Resident #1 was not adversely affected by the deficient practice. Assessment, evaluation and interventions had been in place in accordance with facility assessment procedures. Social Services has re-evaluated resident and addressed elopement risk. (see exhibits A & B)	
Z401 SS=D	NAC 449.74523 Social Services 2. The social services provided must: (a) Identify and meet the social and emotional needs of each patient in the facility. (b) Assist each patient and the members of his family in adjusting to the effects of the patient;s illness or disability, to his treatment and to his stay in the facility. (c) Include adequate planning upon the patient's discharge from the facility to ensure that appropriate community and health resources are	Z401		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: B. Pascua RN-DON — (X6) DATE: 4/22/2010

RECEIVED
APR 23 2010
BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

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Z401	Continued From page 1 used. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence of a social services' assessment, evaluation, or interventions in order to meet the social and emotional needs of Resident #1. Severity: 2 Scope: 1	Z401	**How the facility will identify others having the potential to be affected by the same deficient practice:** All residents are assessed by social services and appropriate interventions are implemented; evaluations are done quarterly. Social Services will be In-Serviced on April 20, 2010 regarding facility policies and procedures in regards to residents Social Services needs. (see exhibit C) **What measures will be put in place or systematic changes made to ensure that the defiance practice will not recur:** In addition to the above, the D.O.N. and/or MDS Coordinator will review assessments on Care Plan day to ensure completion of all required assessments. **How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:** The D.O.N. or designee will ensure that assessments are completed. **Individual Responsible:** D.O.N. or designee **Date of Completion:** April 20, 2010	
Z473 SS=G	NAC 449.74539 Physical Environment 4. Ensure that each patient in the facility receives adequate supervision and devices to prevent accidents; This Regulation is not met as evidenced by: Based on interview, observation and record review, the facility failed to supervise Resident #1 in accordance with the written care plan interventions to monitor him for agitation and elopement attempts to prevent elopements from the patio area of the facility. Findings include: Resident #1 was admitted to the secure unit of the facility on 12/30/08 with diagnoses that included senile dementia and anxiety disorder. Review of the 1/21/10 care plan revealed monitoring for agitation and elopement attempts was to continue for Resident #1 by educating staff on elopement procedures, redirecting with signs of agitation, and providing activities of interest. Record review revealed that on 3/14/10, Resident #1 climbed onto a chair in the patio area of the secured unit of the facility and climbed over the	Z473		

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			Tag Z473 Cont. **How will you identify others having the potential to be affected by the same practice and what anticipated corrective action will be taken:** All residents are monitored for safety at least every two hours and any resident to be known to be at high risk for elopement will be placed on frequent safety checks. Special care unit staff will be in-serviced on elopement procedures, and signs of agitation and to report finding to the nurse on duty (see exhibit D). An assessment for Potential for Elopement is done on every resident on admission and then annually or every six months if the resident is at risk for elopement. In-service will be completed by April 21, 2010. **What measures will be put into place or what systemic changes you will make to ensure that the practice does not recur:**	

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Z473	Continued From page 2 fence. Resident #1 was discovered in the parking lot of a local casino at 3:49 PM. The casino security department contacted the local police department and an officer was dispatched to the casino at 3:55 PM. Upon arrival, the officer was met by casino security and two unidentified EMS personnel. Resident #1 was able to identify himself and it was determined that he was from the local care facility. Review of the police report revealed that the officer drove Resident #1 back to the facility at 4:42 PM. Review of the 3/14/10, facility progress notes revealed that, at 5:24 PM, a registered nurse documented a telephone call from the police department stating they had found Resident #1 and were returning him to the facility. A progress note dated 3/14/10 at 5:30 PM, by a licensed practical nurse documented the resident's return by two EMS personnel. Document review and interviews revealed that no one in the facility was aware that Resident #1 had left the facility until his return. On 3/20/10, Resident #1 again climbed onto a chair in the patio area and climbed over the fence. Interviews with a certified nursing assistant (CNA) and the unit supervisor, revealed the resident was not observed to climb over the fence, but was noted missing from the patio a few minutes later. He was seen walking away from the facility. Shortly thereafter he was assisted back to the facility. The CNA stated that the resident often becomes agitated after he is given a shower and often states that he wants to go back to Puerto Rico because he needs to get a job or that he needs to return to the Marine Corps. He did receive showers on both days prior to his elopement. In an interview the director of nurses stated that the facility staff	Z473	Preparation and/or execution of these Documents and Plan(s) of Corrections does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. These Documents and Plan(s) of Correction are prepared and/or executed solely because it is required by the provisions of federal and state laws. Let this Plan of Correction serve as this facilities credible allegation of compliance. **Tag Z473** **<u>What corrective action will be accomplished for those found to have been affected:</u>** Resident #1 was affected by the deficient practice. Resident did elope, but sustained no injuries related to elopement. The resident was placed on frequent safety checks as soon as he was brought back to the facility. The resident did attempt to elope a second time but attempt was unsuccessful as staff intervened. Resident has had no further elopements since implementation of frequent safety monitoring and agitation monitoring.	

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Z473	Continued From page 3 have, in the past, observed that Resident #1 becomes increasingly agitated and wants to leave in the springtime; he talks about needing to return home and go to work. Severity: 3 Scope: 1	Z473	In addition to the above, the Garden Court patio's furniture, excluding the swing recliner, will only be used with staff supervision; to prevent residents from trying to climb over the fence. The resident at high risk for elopement is on frequent safety checks. The residents who have a potential for elopement will be accompanied by staff when they go outside to the patio area. **How will the facility monitor its corrective actions to ensure that the practice is being corrected and will not recur:** The shift coordinator or assigned nurse will monitor the frequent safety check list daily to ensure compliance with resident monitoring and safety. Designee will also monitor the Garden Court patio daily for any potential objects that may be used by the resident to climb over the fence. (see exhibit E) **Individual Responsible:** Garden Court Coordinator or assigned nurse. **Date of Completion:** April 21, 2010	